RENNES HEALTH CARE EAST-FDD 701 WILLOW STREET

101 MILLOW SIKE	E I				
PESHTIGO	54157	Phone: (715) 582-3962		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conj	unction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	18	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	18	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on 12/31,	/03:	17	Average Daily Census:	17

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups 	용 		0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	41.2		94.1
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	0.0	65 <b>-</b> 74   75 <b>-</b> 84	29.4 23.5	•	94.1
Adult Day Care	Yes			85 - 94		*******************	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	0.0	95 & Over 	0.0	Full-Time Equivalent   Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures		į		(12/31/03)	
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 			10.4
Referral Service	No	Diabetes		Gender	용		5.4
Other Services	No	Respiratory					
Provide Day Programming for Mentally Ill	No	Other Medical Conditions 		Male   Female	58.8 41.2	Aides, & Orderlies	51.5
Provide Day Programming for		l	100.0	Ī		İ	
Developmentally Disabled	Yes	 ****************************	******	 ******	100.0		******

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care			
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				17	100.0	167	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	17	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		17	100.0		0	0.0		0	0.0		0	0.0		0	0.0		17	100.0

Facility ID: 7231 County: Marinette Page 2 RENNES HEALTH CARE EAST-FDD

Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		76.5	23.5	17
Other Nursing Homes	100.0	Dressing	41.2		29.4	29.4	17
Acute Care Hospitals	0.0	Transferring	58.8		17.6	23.5	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	47.1		17.6	35.3	17
Rehabilitation Hospitals	0.0	Eating	52.9		35.3	11.8	17
Other Locations	0.0	*****	******	*****	******	******	*****
Total Number of Admissions	2	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exterr	nal Catheter	0.0	Receiving Resp	iratory Care	5.9
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	58.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	58.8	Receiving Suct	ioning	0.0
Other Nursing Homes	50.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	5.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 64.7
Rehabilitation Hospitals	0.0				-	_	
Other Locations	0.0 i	Skin Care			Other Resident C	haracteristics	
Deaths	50.0 i	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	2 i				Receiving Psyc	hoactive Drugs	47.1

Salacted Statistics. This EDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties
	96	્ર	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	89.6	1.05	87.4	1.08
Current Residents from In-County	58.8	33.5	1.75	76.7	0.77
Admissions from In-County, Still Residing	50.0	11.3	4.43	19.6	2.55
Admissions/Average Daily Census	11.8	21.3	0.55	141.3	0.08
Discharges/Average Daily Census	11.8	25.0	0.47	142.5	0.08
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	58.8	15.3	3.84	87.8	0.67
Fitle 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00
Impaired ADL (Mean) *	44.7	53.1	0.84	49.4	0.90
Psychological Problems	47.1	50.1	0.94	57.4	0.82

9.6

7.3 1.30

0.87

11.0

Nursing Care Required (Mean) \*